

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

CABAJ, LINDA, , ,

Mailing Address 5069 GOODWILL RD

City
TOLEDO

State
OH

Zip Code
43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Transaction ID : SA17A.73635

Date of Receipt

02 / 13 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

CABAL, ROSALIE, FAITH, ,

Mailing Address 16816 FRANCISQUITO AVE

City
LA PUENTE

State
CA

Zip Code
91744

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIR RESOURCES BOARD

Occupation
BRANCH SECRETARY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

45.00

Transaction ID : SA17A.41153

Date of Receipt

02 / 03 / 2020

EARMARKED THROUGH WINRED [SA17A.4385]

Amount of Each Receipt this Period

45.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

CABAL, ROSALIE, FAITH, ,

Mailing Address 16816 FRANCISQUITO AVE

City
LA PUENTE

State
CA

Zip Code
91744

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIR RESOURCES BOARD

Occupation
BRANCH SECRETARY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

80.00

Transaction ID : SA17A.41154

Date of Receipt

02 / 12 / 2020

EARMARKED THROUGH WINRED [SA17A.4391]

Amount of Each Receipt this Period

35.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

90.00

Total This Period (last page this line number only).....